WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 26 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36305

1. PLACE OF DEATH

County Harrison — Registration District No. 24 — File No.

Township Grant — Primary Registration District No. 5417 — Registered No. 18

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Richard E? Glenn

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: E. H. Glenn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 14, 1876

7. AGE: 57 YEARS, 6 MONTHS, 20 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grain and stock
10. Date deceased last worked at this occupation (month and year): January, 1933
11. Total time (years) spent in this occupation: 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Ridgeway Missouri

FATHER

13. NAME: John Glenn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Indiana

MOTHER

15. MAIDEN NAME: Missouri A. Parman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): E. H. Glenn Ridgeway, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Morris Chapel DATE: Nov. 6, 1933

19. UNDERTAKER (ADDRESS): Rogan & Son Ridgeway, Mo.

20. FILED: 11-6-, 1933 Lettie Brewer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov, 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1930, 19..., to Nov 4, 1933

I last saw him alive on Nov 3, 1933 Death is said to have occurred on the date stated above, at 8:20 pm

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

131

97

Other contributory causes of importance:

Hypertension

Arterio-Sclerosis

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) D. G. Reed DC, M.D.

(Address) Bethany, Mo.